



WOMACK

ARMY MEDICAL CENTER

Growing with Fort Bragg and our community



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Commander's letter



All of us here at Womack Army Medical Center are excited about the new year and the many great opportunities that we have to assist you with improving your health during 2012. We appreciate you choosing Womack Army Medical Center for your health care. Every visit, phone call and clinical encounter you have with us is extremely important. It is our top priority to provide you with easy access to the highest quality health care. We value your input and welcome your thoughts and ideas on how we can better serve you and your family.

One way to help us improve access to care is to reduce the number of missed appointments. If you find your schedule changing and cannot make a scheduled appointment, please make every effort to cancel and re-schedule so that someone else may access our system in your place. We recently implemented Womack Appointment Text and E-mail Reminder (WATER), an appointment reminder system that will send you an e-mail and/or

text message to your cell phone. Please visit our website (wamc.amedd.army.mil) or your clinic for further information on how to activate this service.

We encourage you to take charge of your health this year and visit the Army Wellness Center for an assessment and recommended plan for improving your overall health and developing healthy habits.

Fort Bragg and Womack Army Medical Center continue to grow to meet the needs of our Service Members, Retirees and all of their Families. We have many projects on our horizon that will either begin or be completed during this upcoming year.

Our Warrior Transition Battalion Complex is scheduled to be completed in February. We will move our warriors and battalion leaders into this beautiful new complex by April.

We have two new parking lots open on the All-American extension side of our campus, which will provide us with a much needed additional 294 parking spaces.

Construction continues on our brand new Health and Support Center, which will provide us with a new larger clinic for outpatient behavioral health, social work services and family advocacy; and additional administrative space for the Directorate of Business

Operations. This should be completed near the end of 2012. Construction also continues on a new primary care clinic on Knox Street, near the FORSCOM and USARC Headquarters. This clinic is scheduled to open in late 2012/early 2013. This new clinic will replace the Pope Health Clinic located at Pope Army Airfield.

We opened two new community-based medical home clinics last year in Fayetteville and Hope Mills. We are pleased to announce that we will open a third medical home clinic in late 2012/early 2013 located near Linden Oaks, north of Spring Lake.

We have dedicated this issue of the Womack insert to our achievements in nursing. Our journey towards nursing excellence continues to chart a path that is focused on providing safe and quality care to our Soldiers, Family Members, and beneficiaries. The personal stories concentrating on nursing represents our Army values and the Army nursing team creed. We are excited to share our nursing accomplishments with you. Again, thanks for your continued support to all of our Service Members, our Retirees, and all of their Families. We are honored to serve each one of you. Committed to those we serve. The choice of America's finest!

BRIAN T. CANFIELD
Colonel, Medical Service Corps
Commanding

ON THE COVER

Army and civilian nurses have adopted the PatientCaring Touch System to better serve Womack Army Medical Center.



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Womack unveils the CaringTouch system

COL Vinette Gordon, RN

The nursing leadership at Womack Army Medical Center is proud of the military and civilian heroes within our organization. On a daily basis we witness the courageous acts of kindness and compassion the nursing team so humbly provides to our patients who are at the center of our mission.

The nursing staff's actions represent a powerful message of trust and encouragement.

The last year has allowed us to fulfill our unwavering commitment to our Wounded Warriors, their Family members, Soldiers, and beneficiaries.

We launched a patient care delivery system called the Patient CaringTouch System, a system that has allowed us to closely listen to the voices of our patients and our staff, as well as capture new avenues to enhance

competencies for all nursing staff.

Our Patient Family Care Council has been very instrumental in recommending ideas that ultimately enhance our patient care. We are so thankful for the advice the PFCC provides because this consultation has directly influenced our patient and employee satisfaction.

Our nursing leadership team is extremely proud of the nursing efforts that are critical to the mission of Womack. This leadership team will transition. However, the care we deliver as well as the commitment we have made to our beneficiaries will continue to grow not only here at Womack, but throughout the Army Medical Department. We will remain postured and ready to assist our patients as they transition through our medical center. Thank you for your trust and belief in our nursing care. We are here to serve.



PHOTO BY CINDY BURNHAM

Womack nurses get together for a safety huddle.

ARMY NURSING TRIAD BECOMES OFFICIAL

By: COL (Ret.) Della Stewart, RN and LTC Ray T. Coe, RN.

Informally, an Army Nursing Triad of care has existed for decades. However, under the current Army Nurse Corps leadership, the triad has been officially recognized as we move forward with the Army Nurse Corps strategic plan and The Patient CaringTouch System

The "triad" is comprised of Army Nurse Corps officers, enlisted Soldiers and civilians. The two sides of the structure forming the point of the pyramid, or tip of the spear, are Army nurses on one side and Soldier medics on the other. This organization signifies the readiness of the military entities' to go forward and perform their medical "go to war" mission. The civilian staff comprises the base of the structure signifying the consistency, continuation, and stability of care for all beneficiaries in our fixed facilities such as Womack Army Medical Center.



PHOTO BY CINDY BURNHAM

(From left to right) MSG Michael Pierce, SGM Michael Bivins, COL Gloria Bonds and COL Vinette Gordon

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Introducing the Patient CaringTouch System



PHOTO BY CINDY BURNHAM
CPT Pamela Francis checks on Spec Hall's bandages.

Enhancing nursing practice

LTC Julie J. Freeman, RN

Peer feedback is a key component of the Patient CaringTouch System. It is a process that allows licensed nursing team members to reflect on their practice and develop professionally through feedback from colleagues on strengths and opportunities for growth. Peer feedback is designed for self reflection, and it is based on the 16 American Nurses Association professional practice standards.

Initially, peer feedback may seem intimidating but after learning the process, staff members were open to trying peer feedback. Peer feedback tools were created based on the 16 American Nurses Association scope and standards of practice. Twice a year, staff members receive feedback from three anonymous assessors assigned by their supervisor. The unit leadership reviews the tools to ensure comments are specific, actionable and related to the nursing professional standards. They also identify trends on the unit to focus training and update or clarify procedures. During a developmental discussion the staff member is given the feedback for self reflection. The staff member uses this information to enhance their professional nursing practice.

In the summer of 2011 Womack Army Medical Center completed nursing peer feedback for the first time. Overall, peer feedback was received well by staff members.

"I like it," Myrna Colon, a registered nurse in the intensive care unit said. "We already get along well, but peer feedback improves relationships and opens communication, which is essential to provide great nursing care."

"Peer Feedback was a positive process on our unit," said MAJ Anthony Portee, the clinical nurse officer in charge. "The staff has a greater sense of self-awareness."

Staff members also felt appreciated by their peers as comments were overwhelmingly positive. However, if something needs addressed, peer feedback is a place to do it constructively.

"It puts it all out on the table", said SSG Jesse Joslin, a licensed practical nurse.

Our nursing staff is committed to continuously improving their delivery of care. Peer feedback is a venue in which staff can reflect on their practice based on useful comments from peers in areas of strength and areas to focus for professional growth. Constructive feedback is crucial to maintain strong work environments and staff relationships. Feedback is our gift to each other. We strive to support one another and identify means to improve the care of our patients.

We will start our next peer feedback in February of 2012. We look forward to continuing to improve our process and advance our nursing practice.

LTC T. Ray Coe, RN

The Patient CaringTouch System (PCTS) was developed by the Army Nurse Corps to guide the delivery of nursing care throughout Army Medicine. The system was designed to ensure the patient is at the center in all nursing care delivery environments. The PCTS builds on the ability of Army medical personnel from front-line combat medics and combat-support hospital personnel to staff at sites such as Womack Army Medical Center to provide state of the art medical care focused on the patient. This system also decreases practice variance across Army Medicine while improving both patient and organizational outcomes.

"Since the implementation of PCTS, I've noticed consistent communication between the clinics and the inpatient units which leads to improved continuity of patient care," said CPT Elizabeth Straight.

Womack Army Medical Center

He began implementing the Patient CaringTouch System in February of 2011 with a celebration focused on the core values of Army nursing, including the Army nursing team creed, the Army values, the Soldier's creed, the civilian creed and the American Nurses Association's scope and standards of practice.

"Since PCTS there is more unity in our nursing team," said Mr. Tom Grosso, RN nurse manager, during a discussion of building the nursing team. "Our staff is happier, and we've created a community among our nursing staff."

Our journey to enhance nursing practice and sustain PCTS is exciting and filled with opportunity to grow and improve. Ultimately, patient care at WAMC, under PCTS will advance and we will continue to be recognized as a leader of Army Nursing. Throughout this insert we will introduce you to the main components of the PCTS and discuss their impact on our patients and organization.

Skill building helps improve outcomes

LTC David Rinaldi, RN
and MAJ Warren Stewart, RN

The skill-building element of the Patient CaringTouch System (PCTS) is conducted at both the facility and unit level to provide opportunities for all members of the nursing team to develop and improve their nursing skills through consistent, evidence-based training. There are skill building leaders in every area of the hospital, including both inpatient and outpatient areas. They are given the responsibility to ensure that their individual units meet the goals of the PCTS, which provide opportunities for continuous education to all nursing staff, improving knowledge of all staff on relevant topics and inspiring enthusiasm for continuing education.

At WAMC we meet these goals through various activities including unit in-services, provider talks, skill fairs, conferences and various types of literature. The skill building leader on each unit can choose any combination of training to meet the goals of the program. In the past Womack's Hospital Education Department tracked and

advertised all educational opportunities available to the hospital, but never had a way to track the specialized training offered on each individual unit. With so many exceptional training opportunities available throughout the different units in the hospital, we needed to find a way to make them available to all hospital staff. This led to the creation of an intranet-based webpage maintained by the individual skill building leaders. It provides information on each unit's individual training, nursing grand rounds and contact information for the unit skill building leaders. Now, all hospital personnel are able to quickly scan for training that interests them and contact the individual unit skill building leader to attend the training. Through these efforts we are ensuring the continued development of our nursing staff to increase the quality of our patient care.

One of the most exciting aspects of skill building that has been implemented at WAMC is nursing and combat medic grand rounds. The goal of grand rounds is to enhance patient outcomes by integrating academic, research and clinical nursing knowledge into everyday nursing practice. Both grand rounds are

offered on a monthly basis under the supervision of the hospital skill building officer in charge, and are open to all nursing staff. Adults learn best when the topic is relevant to their job, is challenging but connected to prior experience, and most importantly, is taught by their peers. At WAMC, our grand rounds utilize these principles to ensure that we provide the best learning opportunity for our nurses and medics.

For nursing grand rounds each month a nurse is identified within the hospital that displays a passion and expertise on a topic of nursing interest. The nurse then provides the staff with usable, relevant and evidence-based information that can be directly utilized at the patient's bedside. The topics are varied and range from combat trauma to administrative-nursing issues.

Because of the unique and extremely challenging job our combat medics perform when deployed, the leadership here at WAMC put into action grand rounds specifically to meet their needs. Medics present on a topic of their choosing while being mentored by a

registered nurse throughout the process. The mentor will help them explore the topic using the most current, evidence based information available. The goal of this unique program is to provide our medics with the knowledge and skills needed to save lives on the battlefield, while preparing a cadre of medics with the skills to take theory and research and make it relevant and usable to their peers. The ability to leverage the vast amount of nursing expertise and knowledge throughout the hospital will ensure that WAMC remains a learning organization focused on providing the best care to our patients.



PHOTO BY CINDY BURNHAM
Nurses LT Alexandra Fleming and 2LT Meredith Thompson practice administering IVs.

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Shared governance influences nursing

MAJ Amy Hadsall, RN

In the PatientCaring Touch system, shared governance is a program where representative councils are empowered to improve nursing practice. Practice councils support the innovation and advancement of nursing care at the unit, facility and Army Nurse Corps levels. Shared governance creates a structure to implement practice guidelines, provides a framework for professional accountability, and recognizes staff nurse's authority and responsibility to their practice. It promotes nurses' voices in their practice, improves the work environment and the quality of nursing care.

Unit practice councils (UPC) at Womack Army Medical Center are made up of unit staff members; registered nurses, licensed practical nurses, certified nursing assistants, medics, and clerks. The UPC members represent and are accountable to all unit staff members. The UPC members gather information from the unit

staff members, patients and family, and optimized unit performance data to identify opportunities for improvement. Once identified, improvements may be as simple as a talking with another service to develop a policy change or as complex as research and evidence based practice projects. Since implementation, UPC's have made quick improvements such as changing the type of eye protection used on newborns receiving light therapy which eliminated skin breakdown, coordinating with the operating room to add an extension tubing to their intravenous lines eliminating more steps for floor nurses and improving patient comfort, implementing hourly rounds, and creating a bereavement support program. The UPC's also work on longer, more complex projects such as changing the type of scrub sink outside of the Neonatal Intensive Care Unit and modifying nursing documentation forms.

Each month the UPC chairpersons meet at the facility-level Nurse Practice Council. They share



PHOTO BY CINDY BURNHAM

MAJ Amy Hadsall, RN addresses the Nurse Practice Council.

their quick wins and their ongoing projects. The Nurse Practice Council decides on recommendations for changes that affect nursing care throughout the organization. Recently, the Nurse Practice Council developed a standardized white board for every patient admitted to the

hospital. This board improves communication between the patient, family, and healthcare team. The UPCs continue to implement changes to improve patient care and staff satisfaction at Womack Army Medical Center as well as throughout the Army Medical Department.



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Caring for patients as a team

Kate Hamilton Endriga, RN
Mary Katherine Carson, RN

Patients entering the hospital see a dizzying myriad of healthcare professionals who shuffle in and out of the room performing various tasks, with one common goal – ensuring proper care and attention are provided that will help get the patients back on their feet. What typically had been perceived as individualized caregiver routines and tasks have been replaced by a well-coordinated caregiver collaboration known as care teams.

At Womack Army Medical Center, care teams are focused on enhancing consistency of care, developing a cohesive team, improving patient safety, and enhancing communication between patients and healthcare professionals. Each patient is assigned a lead registered nurse who is the primary point of contact for the patient. The lead RN is responsible for coordinating and delivering nursing care throughout the duration of that patient's stay on a hospital unit. Supporting the lead RN is a team of other professionals, such as additional RNs, licensed practical nurses, medics, and nursing assistants. Each member of the team strives to meet the patient's needs and executes the prescribed course of treatment.

Expertise and knowledge are shared for the benefit of the team, and every member effectively becomes an extension of one another. Staff are encouraged to search out opportunities to share knowledge that enhances patient care. SPC Daniel Gonzalez, from the medical-telemetry unit, developed a hands-on training program to teach nurses new to WAMC how to safely operate patient care equipment. SPC Deanna Orallo coordinates two improvement projects on the surgical unit – correct lead placement for obtaining an EKG training and proper disposal procedures for sharps and body fluids.

The care team's structure promotes teamwork and empowerment. A cohesive group develops as team

members quickly learn each other's strengths and weaknesses.

Consistency in assigning a care team to the same patient is beneficial to both parties. As team members learn fine details of a patient's physical and mental health they are quicker to recognize and respond to subtle changes in the patient's condition. The patient also develops a familiarity with their caregivers, relieving the anxiety most experience with unfamiliar faces. The benefit of a stable patient-caregiver relationship is more pronounced in extended stay environments like intensive care, step-down and the medical-telemetry units.

Communication improves significantly when care teams begin patient-centered rounds at the bedside. Instead of one nurse receiving a patient briefing isolated in a report room, every member of the care team participates in bedside report. This reduces miscommunication between the caregivers. Bedside reporting also allows immediate assessment of the patient's condition and instant interaction. Patients are encouraged to participate in the exchange of information.

Communication is enhanced by the installation of new dry-erase whiteboards near every bed. Information displayed on the whiteboards provides a visual reminder of the plan for the day, doctor and care team member names and room information. A communication section prompts patients and family to write questions or concerns that can be addressed when the appropriate healthcare professional makes rounds. Patient transporters use the whiteboards to document when a patient leaves the floor for a procedure. This serves as a reminder for other staff and improves communication with family members.

Many units at WAMC also use a centralized whiteboard to aid communication among all members of the healthcare team. These boards provide an overview of the unit's total patient census and serve as a multi-disciplinary quick reference tool for key information. On the pediatric unit,



PHOTO BY CINDY BURNHAM

Ms. Lillian Casady, RN with Spec. Lauren Ahlheim and infant Briella Aguilar.

nursing staff identified the need for a standardized communication tool that would benefit the entire healthcare team, including nurses, doctors, social workers, and staff from educational and Developmental Intervention Services. The centralized whiteboard created by the unit's nurses display each patient's name, lead RN, doctor, and goals for discharge.

WAMC care teams established safety huddles and hourly rounding to improve communication and patient safety. Concerns like falls risks, child abductions and self-harm are addressed at the beginning of every shift during a safety huddle. Staff awareness and monitoring vigilance are heightened, keeping patients safer during their stay. Hourly rounds reduce patient falls and increase patient and staff satisfaction. Simple acts like placing a patient's personal belongings within reach and offering frequent assistance are comforting and reduce patient loneliness.

Multi-unit huddles facilitate patient flow, which is especially evident in our busy maternal child health section. These huddles coordinate a smooth transition as expectant mothers deliver then move from the birthing unit to the mother-baby unit. It also prepares the neonatal intensive care unit to handle high-risk births and premature deliveries.

In addition to enhancing patient care at WAMC, the care team structure supports the U.S. Army's mission. Effective communication, teamwork and delegation skills learned while working on care teams prepares nurses and medics for positions in combat support hospitals and forward surgical teams.

With the successful implementation of care teams at WAMC, continued refinement of current practices will provide improved services for retirees, military members, and their families in the future.

Extraordinary nurses recognized at Womack Army Medical Center

Melissa Dean, RN

Nurses at Womack Army Medical Center are being honored with The DAISY (Diseases Attacking the Immune System) Award for extraordinary nurses. The award, presented in collaboration with The American Organization of Nurse Executives (AONE) is part of the DAISY Foundation's program to recognize the super-human efforts nurses perform everyday.

The not-for-profit DAISY Foundation is based in Glen Ellen, Calif., and was established by family members in memory of J. Patrick Barnes. Barnes died at the age of 33 in late 1999 from complications of Idiopathic Thrombocytopenic Purpura, a little known but not uncommon auto-immune disease. The care Barnes

and his family received from nurses while he was ill inspired this unique means of thanking nurses for making a profound difference in the lives of their patients and patient families.

Each quarter, three nurses are selected to receive The DAISY Award. At a presentation given in front of the nurses' colleagues, physicians, patients and visitors, the honoree will receive a certificate commending her or him for being an extraordinary nurse.

The certificate reads: "In deep appreciation of all you do, who you are, and the incredibly meaningful difference you make in the lives of so many people."

The honoree will also be given a beautiful and meaningful sculpture hand-carved by artists of the

Shona Tribe in Africa.

"When Patrick was critically ill, our family experienced first-hand the remarkable skill and care nurses provide acutely ill patients every day and night," said Bonnie Barnes, president and co-founder of The DAISY Foundation. "Yet these unsung heroes are seldom recognized for the super-human work they do. The kind of work the nurses at Womack Army Medical Center are called on to do every day epitomizes the purpose of The DAISY Award."

"We are proud to be among the hospitals participating in the DAISY Award program," said COL Vinette Gordon, deputy commander for patient services.

"Registered nurses, license practical nurses, and certified

nursing assistants are heroes every day. The DAISY Award could not be launched at a better time. It's important that our nurses know their work is highly valued, and The DAISY Foundation provides a way for us to do that."

Womack Army Medical Center is committed to The DAISY Award program. For a complete listing of over one thousand hospitals currently running the program, please visit DAISYfoundation.org.

Have you seen a DAISY today? Patients wishing to nominate Womack Army Medical Center nurses for the DAISY Award may ask for the forms at the clinics or on the inpatient wards or e-mail WAMCDaisyAward@amedd.army.mil. Thank you for your support in this great effort to recognize our nursing heroes.

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